

EMPLOYEE SCREENING

Employee Screening Questionnaire

Check List:

Please make sure you complete the application and provide copies of the following documents/information:

- Passport/ Birth Certificate Photo Driver Licence/UT Bill
- NI Number 5 Years Address history

Position Applied for	
Hiring Manager:	Have you already started this position?
Your work telephone number:	Your work email:

PART A. Personal Details * Mandatory *					
Title	Mr.	Mrs.	Miss	Ms.	Other
Surname:					
First Name:			Middle Name:		
Have you ever changed your name?	YES			NO	
If YES, state when and previous name(s)					
Surname at Birth:			Mother's Maiden Name:		
Date of Birth:			Gender:	Male	Female
Marital Status:			Town of Birth:		
If registered disabled, please state your registration number:					
Why do we ask for your Mother's maiden name?					
Following the Soham murder case, the Home Secretary requested an independent inquiry into child protection measures, record keeping, vetting and information sharing. One of its recommendations was that a Mother's maiden name be included with all criminal record checks. This information is therefore relevant.					

B. Address History * Mandatory *			
Current Address			
Address 1			
Address 2			
Town/City	County		
Post Code	Country		
Duration at address	Resident from:		
Home telephone number	Mobile telephone Number:		
E-mail address:			
Please mark with an X the one which best describes your current status			
Owner	Tenant	Other – Please give details:	

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B1. Previous Address (If at current less than 5 years) * Mandatory *			
Address 1			
Address 2			
Town/City	County		
Post Code	Country		
Duration at address:	Resident from:		

B2. Previous Address (If at current & previous less than 5 years) * Mandatory *			
Address 1			
Address 2			
Town/City	County		
Post Code	Country		
Duration at address:	Resident from:		

B3. Previous Address (If at current & previous less than 5 years – if you require more space please use a separate piece of paper) * Mandatory *			
Address 1			
Address 2			
Town/City	County		
Post Code	Country		
Duration at address:	Resident from:		

C. Working in the UK * Mandatory *		
Are you eligible to work in the UK/EEA?	YES	NO
Do you need a work permit to work in the UK?	YES	NO
Do you require further leave to remain?	YES	NO
UK National Insurance Number		
If you have ticked NO we are required by law to make reasonable efforts to establish your right to work in the UK. Please produce COPIES of any documents that support your assertion.		

D. Proof of Identification * Mandatory *		
Please provide COPIES of the following documents:		
Passport or Birth certificate or Photo Drivers License	YES	NO
UK National Insurance Card	YES	NO
Proof of Current Address (i.e. utility bill, Tenancy Agreement)	YES	NO

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E. Criminal Convictions		* Mandatory *
Having a criminal conviction may not negate your employment with us but failing to declare a conviction, caution or pending prosecution will.		
Rehabilitation of Offenders Act 1974		
I understand that the post applied for is protected by the Rehabilitation of Offenders Act 1974.		
Do you have any current convictions, cautions or pending prosecutions?	Yes	No
If YES, please give full details including dates		
Date of caution/conviction	Offence	

F. Bankruptcy		* Mandatory *
Have you ever been declared Bankrupt?	Yes	No
If YES, please give full details including dates		
Date of declaration	Discharged	

G. Directorships		* Mandatory *
Appointment Date	Company	
Have you ever been struck off as a company director?	Yes	No
If YES, please give full details including dates		
Appointment Date	Reason	
Are you prohibited from holding company directorship?	Yes	No

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H. Current Employment Details * Mandatory *

(Please pay careful attention to dates as they will be cross checked against the employer's records. Certain positions require us to account for all gaps in your employment history that exceed 1 month)

May we contact your current employer?		Yes	No
Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

H1. Previous Employment Details 1st (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

H2. Previous Employment Details Continued 2nd (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

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H3. Previous Employment Details Continued 3rd (Last 5 years only) * Mandatory *
 Please list all former employers being careful to include the correct start and finish dates.

Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

H4. Previous Employment Details Continued 4th (Last 5 years only) * Mandatory *
 Please list all former employers being careful to include the correct start and finish dates.

Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

H5. Previous Employment Details Continued 5th (Last 5 years only) * Mandatory *
 Please list all former employers being careful to include the correct start and finish dates. Use a separate sheet if required

Employment start date:		Leaving date:	
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason for leaving			

<Use a separate sheet if required>

I. Highest Education * Mandatory *

Education			
Attendance dates	From	To	
School/College/University			
Address 1			
Address 2			
Town/City		County/State	
Post Code/ZIP Code		Country	
Contact telephone number		Contact fax number	
Contact E-mail address			

Level (BA, BSc, Postgraduate, Master etc)	
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Course Title	Award & Grade
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CSE/GCSE/O-Level/A-Level/HND/BTEC GNVQ

GCSE, O-Level and A-Level, HNC, HND

	Level	Subject	Award & Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Sample only

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J. Professional Qualification * Mandatory *

Did you undertake any part-time courses or study for any technical or professional qualifications after leaving full-time education?				Yes	No
Attendance dates	From		To		
College/University/Organisation					
Address 1					
Address 2					
Town/City				County/State	
Post Code/ZIP Code				Country	
Contact telephone number				Contact fax number	
Contact E-mail address					
Level (BA, BSc, Postgraduate, Master, City & Guilds etc)					
Course Title				Award Grade	

K. Professional Membership – (i.e. ACCA, FSA, SIA etc) * Mandatory *

Membership	From		To	
Organisation				
Address 1				
Address 2				
Town/City			County/State	
Post Code/ZIP Code			Country	
Contact telephone number			Contact fax number	
Contact E-mail address				
Level				
Membership of			Award	

K1. Professional Membership Continued – (i.e. ACCA, FSA, SIA etc) * Mandatory *

Membership	From		To	
Organisation				
Address 1				
Address 2				
Town/City			County/State	
Post Code/ZIP Code			Country	
Contact telephone number			Contact fax number	
Contact E-mail address				
Level				
Membership of			Award	

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Declaration

- I declare that the information provided on this questionnaire is true. I understand that any offer of employment is conditional upon successful screening and therefore consent to Eurocom C.I. Ltd, a professional screening company, or their appointed agents, performing such checks as deemed necessary for that purpose. For the avoidance of doubt, I hereby give Eurocom C.I. Ltd or their appointed agents the right to contact and obtain information from Credit agencies, Disclosure Scotland or the Criminal Records Bureau and from all references, employees and other persons to otherwise verify the accuracy of the information stated.

- I consent to any referees I have nominated to be contacted, visited and/or interviewed by Eurocom C.I. Ltd or their appointed representatives.

- I understand that any false statements made by me on this application form or any supplement thereto or in connection with my application for employment will be sufficient grounds for immediate discharge should I be employed.

		Date	
Signature		Print Name	

Instructions

Please fill-in the entire form before submitting and once complete, please return to;

Eurocom C.I. Ltd
 Dorset House
 Regent Park, Kingston Road
 Leatherhead
 Surrey
 KT22 7PL

Tel: 0845 880 5888
 Fax: 020 8643 8384
 Email: info@eurocomci.co.uk

- Please note that on completion you may return by email or fax or post.

Should you have any queries regarding the processing of this application please contact Eurocom C.I. Ltd in the first instance.

Note: If your copy of Adobe does not allow you to save a copy, select Print then Adobe PDF to save or the Attach to email option.

Data Protection Policy

Eurocom C.I. Ltd is registered under the Data Protection Act 1998 under Registration Number Z9753599. The company has produced a Data Protection Policy. To request a copy or to address any enquiries regarding this policy, this must be directed in writing for the attention of our Data Protection Officer.

Under the Data Protection Act 1998, you have the right to request details of your Personal Data held or processed by us. Please send such requests in writing, together with adequate material to confirm your identity, to the address on our web site contacts page, marked for the attention of the Data Protection Officer.

If you believe that any information held by us is incorrect, inaccurate or incomplete, then you must write without delay to our Data Protection Officer, highlighting the corrective action to be taken. If any information is found to be incorrect, it shall be corrected promptly.